

Work Order ID 93293

93293

Page 1

November-15-12 10:50:00 AM

Item ID: 647.1810

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Nose Door Doubler

Start Date: 11/26/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-15

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

647.1800

N/C

0.00

110

110

Waterjet

Memo

0.00

3

0

JM 12-11-25

FLOW CNC Waterjet

2021. 063

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

3

0

JM 12-11-25

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced		
				<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure		
				<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld		
				<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled		
				<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved			
				<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong			
				<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge			
				<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset				
				<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration				
				<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence				
				<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions				

Work Order ID 93293

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Page 2

November-15-12 10:50:00 AM

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Start Date: 11/26/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS

15

2-89

12/12/26

3

140

140

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

Memo

0.00

ISSUE P/O: 18583

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

12/12-5-12

150

150

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

12/12/12 (3)

Packaging

NCR: Yes / No

DQA: Date: .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

Work Order ID 93293

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Page 4

November-15-12 10:50:00 AM

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Customer:

Reference:

Run Start

NR1

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Stop

NR2

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Identify as per dwg & Stock Location: ST B9B 0.00

190

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

3x SP B-4-H0

200

QC21- Final Inspection - Work Order Release

0.00

13/4/10 JJ

200

QC

Quality Control

Memo

0.00

MF
13/4/10

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Picklist Print

Page 1

November-15-12 10:49:59 AM

Work Order ID: 93293

Start Date: 11/26/12

Required Date: 12/07/12

Parent Item: 647.1810

Start Qty: 3.00

Required Qty: 3.00

Parent Item Name: Nose Door Doubler

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M2024T3S.063 2024-T3 .063 sheet	Purchased	No			110	sf	244.4200	0.153	0.4831579 0.5				JM12-11-25
------------------------------------	-----------	----	--	--	-----	----	----------	-------	------------------	--	--	--	------------

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT022	244.42	
119916	0.1	
121197	16.32	
123654	36	123654
123701	192	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>				
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

1. NAME OF THE PERSON MR. JOHN D. BROWN 2
2. NAME OF THE PERSON MR. JOHN D. BROWN 3
3. NAME OF THE PERSON MR. JOHN D. BROWN 4

NOTES:

 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

**FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-2337J TYPE I CLASS N**

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

4. IDENTIFY IAW MPP-120

Shioi et al.

RUMBLE

ENGINEERING

UNCONTROLLED COPY

SUBJECT TO A SET OFFMENT

WITHOUT NOTICE

WORK ORDER

NO. 93293 MLJ

THE JOURNAL OF CLIMATE

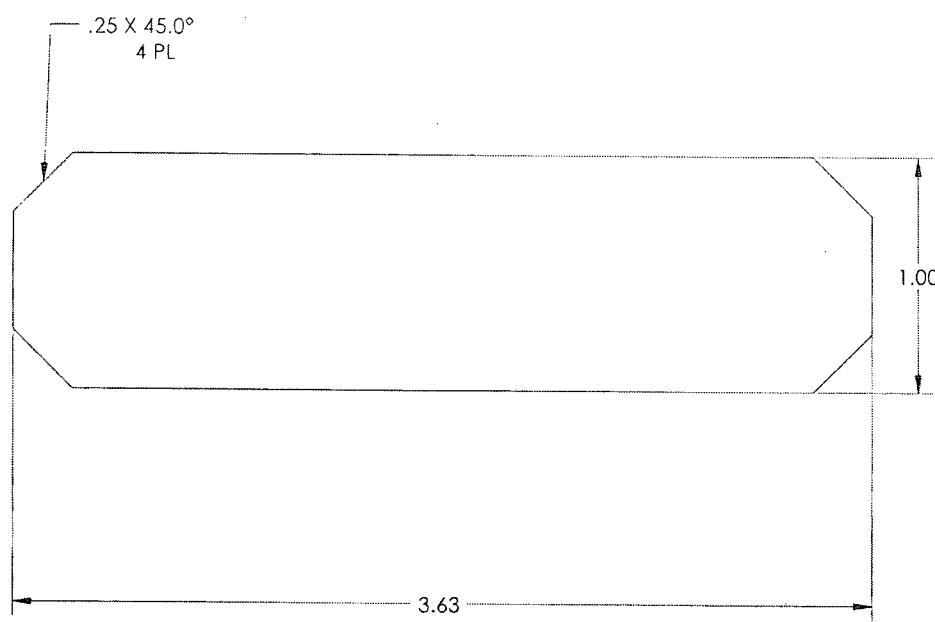
12-11-15

12-11-13

Technical drawing of a rectangular part with a central hole. The top edge is labeled $\phi .102$ 2 PL. The left edge has a dimension of .700. The right edge has a dimension of 2.00. The bottom edge has a dimension of 11.00. The central hole has a diameter of 3.400. The overall width of the part is 4.200 ± .002.

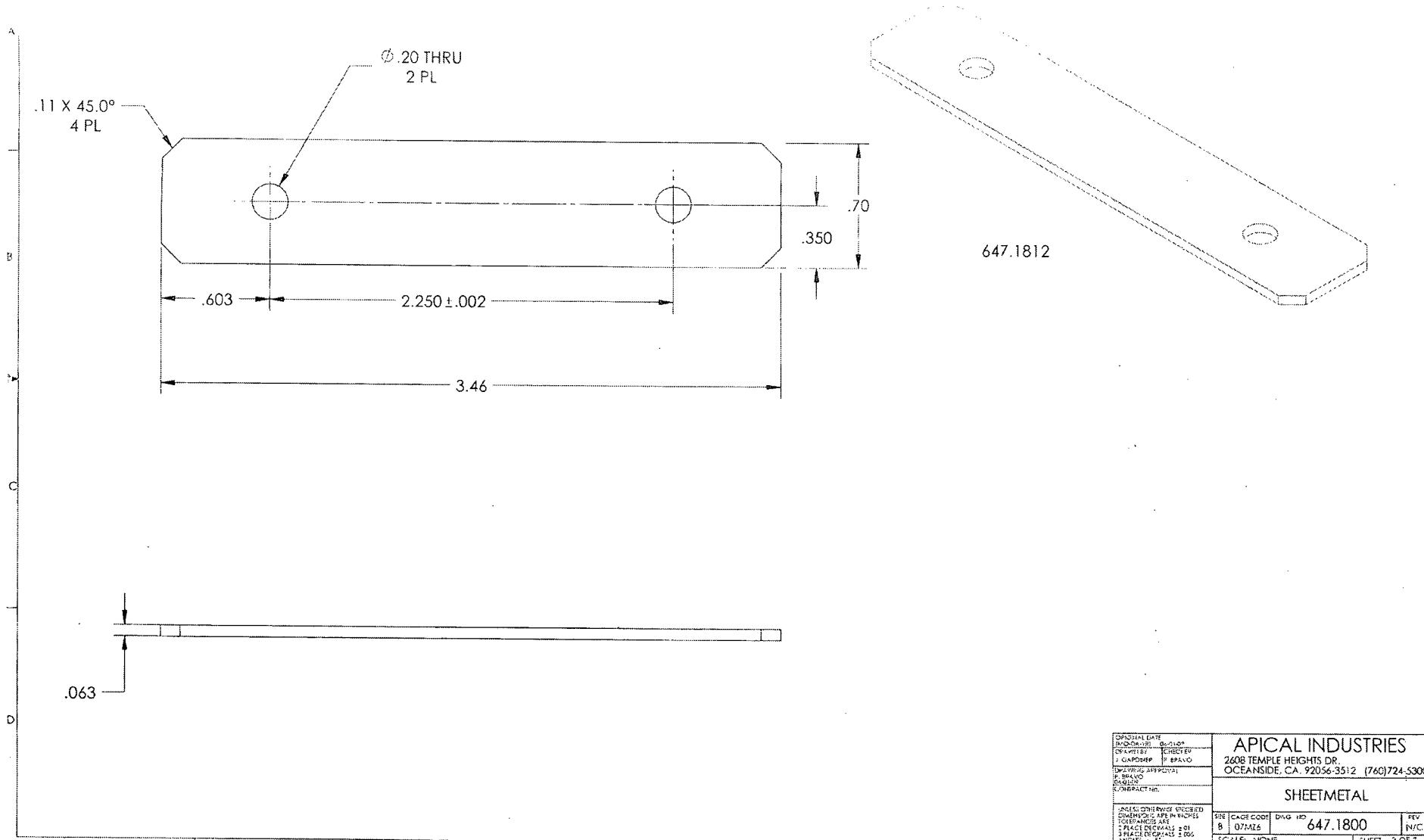
647.181

93293



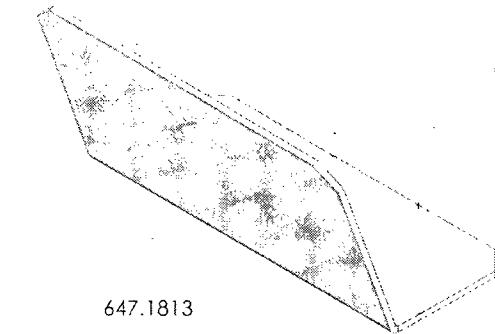
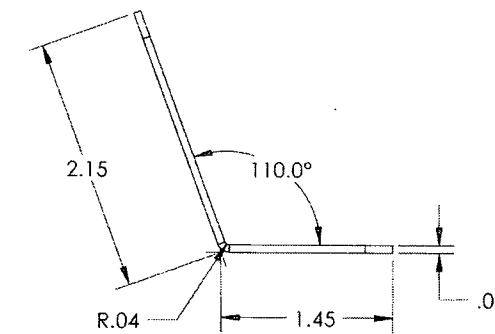
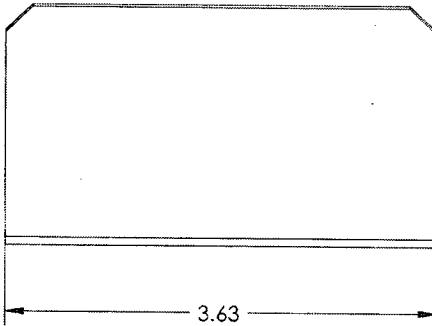
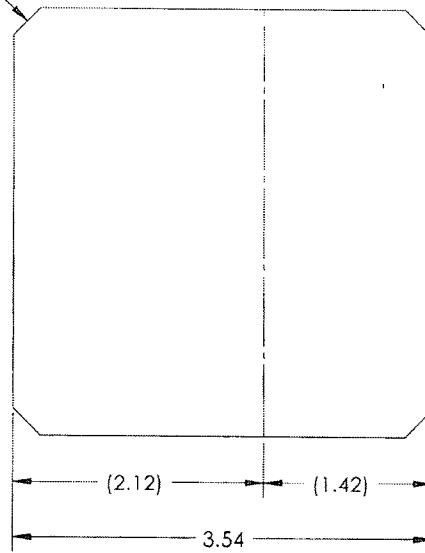
CREATED DATE	08-04-01	REVISION	
1. CLASSIFICATION	P-N-100	2. DRAWING APPROVAL	
P-SP-100		P-SP-100	
3. CONTRACT NO.			
APICAL INDUSTRIES			
2608 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA. 92056-3512 (760)724-5300			
SHEETMETAL			
4. UNLESS OTHERWISE SPECIFIED	5. DRAWING NO.	6. CAGE CODE	7. REV.
TOLERANCES ARE	647.1800	B 07476	N/C
2 PLACES DECIMAL 3 PL.			
ANGLES ± 5°			
SCALE: NONE			
SHEET 2 OF 7			

93293



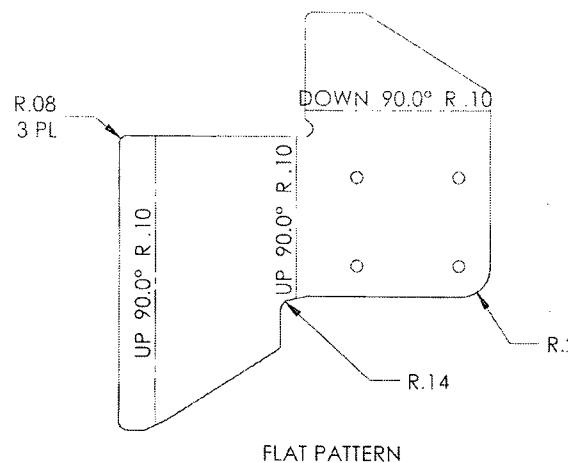
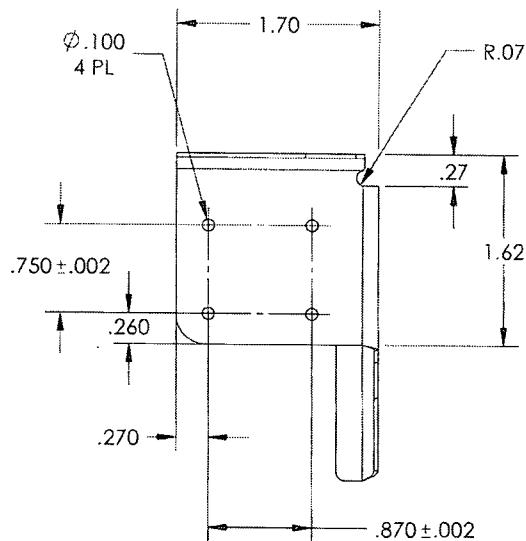
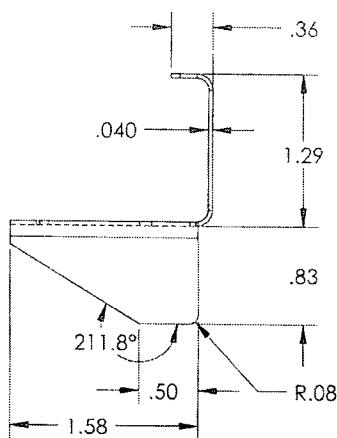
93293

.23 X 45.0°
4 PL

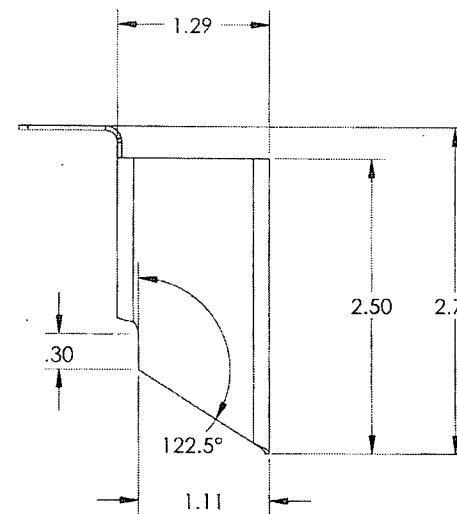


ORIGINAL DATE	01/01/04
DRAWN BY	CHIEF
DESIGNED BY	INNOV
REVIEWED BY	
APPROVAL	
REVISION	
CO-CAPTAIN	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES	
TOLERANCES ARE .010 INCHES ± .005 3 PLACE DECIMAL ± .005 ARTICLE # 5	
DATE	01/04/04
REV	3
PLATE NO.	647.1800
SCALE	NONE
APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR	
OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEETMETAL	
PRINT	W/C
4 OF 7	

93293

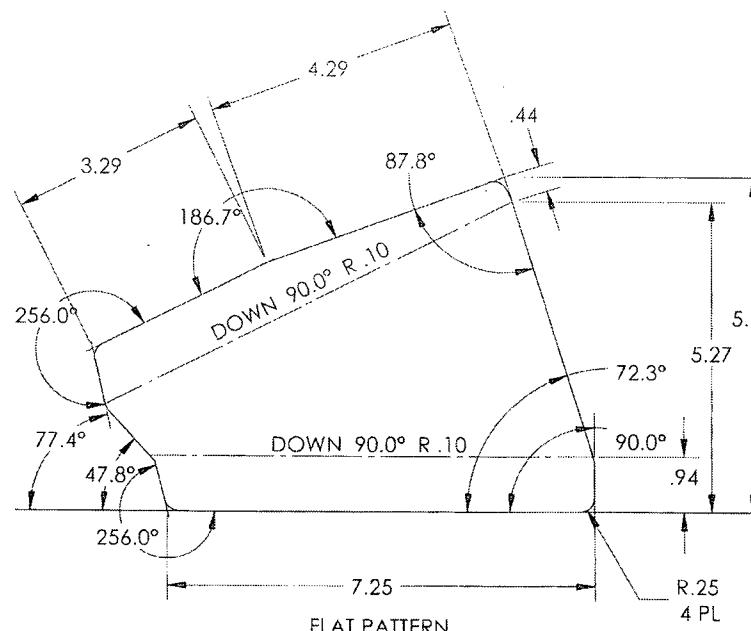
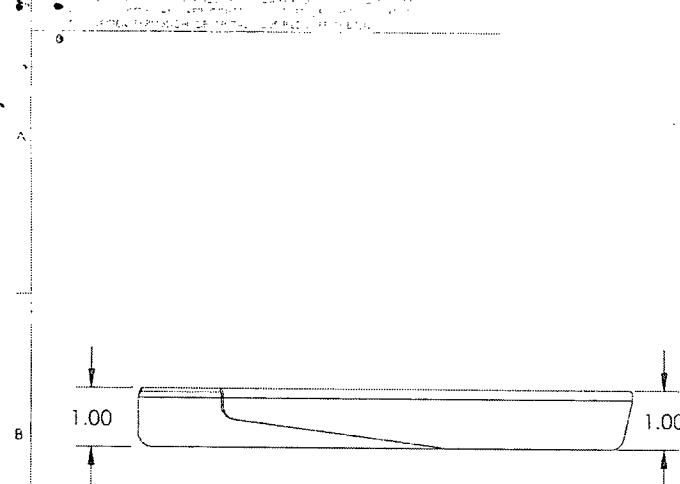
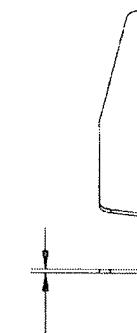
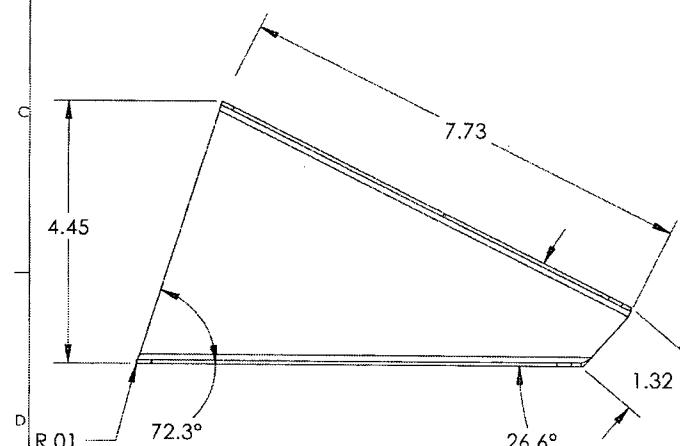


FLAT PATTERN



ORIGINAL DATE	04-01-04	REV. NO.	04-01-04
DRAWN BY	CHESTER	APPROVED BY	P BRAVO
STAMPED BY		2004 APPROVAL	
EX-100		EX-100	
EX-100		EX-100	
CONT. ON		CONT. ON	
APICAL INDUSTRIES			
2608 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA 92056-3512 (760)724-5300			
SHEETMETAL			
ITEM	CAGE CODE	DRW. NO.	REV.
B	37M26	647.1800	N/C
SCALE: NONE			
SHEET 5 OF 7			

93293

647.1816 SHOWN
647.1817 OPPOSITE

CONTRACT DATE	02/01/01	REV. 01/01/01
DRAWN BY	CHIEF	APPROVED
DESIGNED BY	P. BRAVO	REVIEWED
MADE BY	P. BRAVO	PRINTED
COMPUTER GENERATED		
UNLESS OTHERWISE SPECIFIED		
ALL DIMENSIONS ARE IN INCHES		
TOLERANCES ARE IN INCHES		
1 PLACE DECIMALS 2 OR 3 PLACES PREFERRED 2 OR 3		
ANGLES IN DEGREES		
CAGE CODE		REV.
E 07/16		N/C
DRAW. NO.		647.1800
SCALE: NONE		SHEET 6 OF 7

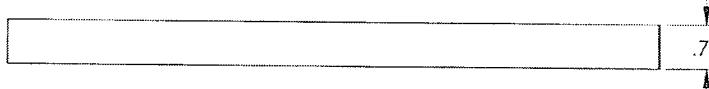
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

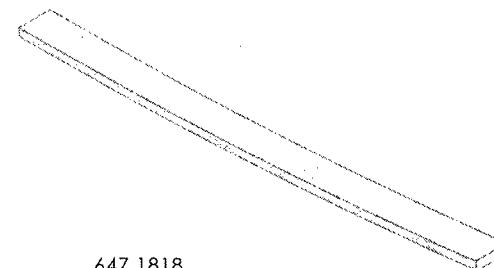
93293

[Redacted]

A

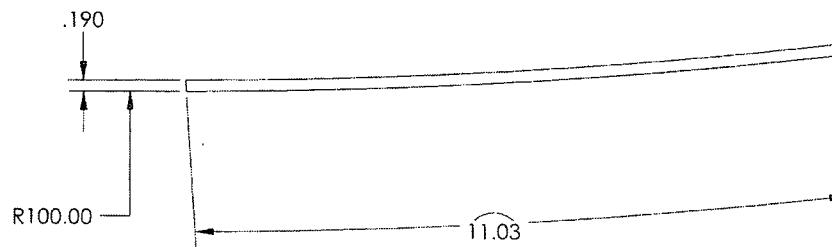


B



647.1818

C



D

ORIGINAL DRAFTED BY	RE-CHECKED BY	
DRAYNELL GARDNER	DRAYNELL GARDNER	
DRAWING APPROVED		
DRAYNELL GARDNER		
CONTRACT NO.		
APICAL INDUSTRIES		
2608 TEMPLE HEIGHTS DR.		
OCEANSIDE CA 92056-3512 (760)724-6300		
SHEETMETAL		
UNLESS OTHERWISE SPECIFIED		
DIMENSIONS ARE IN INCHES		
2 PLACE DECIMALS ±0.01		
4 PLACE DECIMALS ±0.0000		
ANGLES ±5°		
CAGE CODE	DRAW. NO.	REV.
B D7N126	647.1800	N/C
SCALE: NONE		SHEET 7 OF 7

DART AEROSPACE LTD

Work Order:

93L 13

Description: Use Paper Penile

Part Number:

647 - 1810

Inspection Dwg: 641-1960 Rev: A/15

Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

~~100%~~

Measured by: JM	Audited by: 15	Preliminary Approval:
Date: 12-11-25	Date: 12-11-26	Date:



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number 62149

Date : 14-Jan-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	<p>Part: ASST Rev:</p> <p>24 PCS 647.2510 PASSIVATE PER QQ-P-35</p> <p>1 PC 647.1613 12 PCS 647.1742 3 PCS 647.1810 <i>8/31/04/10</i> 40 PCS 647.1812</p> <p>2 PCS 647.1813 1 PC 647.1816 20 PCS 646.3312 10 PCS 646.3714 40 PCS 646.3718 20 PCS 646.3811 6 PCS 647.7910 12 PCS 647.7912 6 PCS 647.7916 40 PCS 647.9012 10 PCS 647.9013 19 PCS 647.9016 30 PCS 647.9016 30 PCS 647.9017 60 PCS 647.9017</p> <p>HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2</p> <p>Job: 20130027 PO: PO18583 Line:</p>



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731, rue Industrielle Rd.
PLATING DEPARTMENT
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Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62449

Date: 14-Jan-13

To

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Shipment	Ship Via
Quantity	Description	
	Certificate of Conformance	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	DATE: <u>14/1/13</u> CERTIFIED SIGNATURE: <u>MM</u> RECEIVER SIGNATURE: _____